

Classification of Rosser and Kind for Illness States

Overview: Rosser and Kind developed a classification of illness states based on disability and distress. This can be used to monitor a patient's illness over time and to compare the level of illness between patients. The authors are from Charing Cross Hospital in London.

Disability Description	Rating
no disability	I
slight social disability	II
severe social disability and/or slight impairment of performance at work; able to do all housework except very heavy tasks	III
choice of work or performance at work severely limited; housewives and old people able to do light housework only but able to go out shopping	IV
unable to undertake any paid employment; unable to continue any education; old people confined to home except for escorted outings and short walks and unable to do any shopping; housewives able only to perform a few simple tasks	V
confined to chair or wheelchair; or only able to move around in house with support from an assistant	VI
confined to bed	VII
unconscious	VIII

where:

- How prolonged the disability lasts (days vs weeks vs permanent) should affect the rating and valuation.

Distress	Rating
no distress	A
mild	B
moderate	C
severe	D

Valuation Matrix

Disability	Distress A	Distress B	Distress C	Distress D
I	1.00	0.995	0.99	0.97
II	0.99	0.986	0.97	0.93
III	0.98	0.97	0.96	0.91
IV	0.96	0.96	0.94	0.87
V	0.95	0.94	0.90	0.70
VI	0.88	0.85	0.68	0.00
VII	0.68	0.56	0.00	-1.49
VIII	-1.03	NA	NA	NA

from Table 3 Gudex page 104 most values rounded from 3 to 2 decimal places

Interpretation:

- A matrix score of 1 = health
- A matrix score of 0 = death
- A matrix score < 0 = worse off than dead.

References:

Gudex C Williams A et al. Prioritising waiting lists. Health Trends. 1990; 22: 103-108.

Kind P Rosser R Williams A. Valuation of Quality of Life: Some Psychometric Evidence. pages 159-170 IN: Jones-Lee MW (editor). The Value of Life and Safety. North Holland. 1982.

Rosser R Kind P. A scale of valuations of states of illness: Is there a social consensus? Int J Epidemiology. 1978; 7: 347-358.